UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re: Sidney M Lawrence	Case No. 16 B 30033
Debtor(s)	

CHAPTER 13 STANDING TRUSTEE'S FINAL REPORT AND ACCOUNT

Marilyn O. Marshall, chapter 13 trustee, submits the following Final Report and Account of the administration of the estate pursuant to 11 U.S.C. § 1302(b)(1). The trustee declares as follows:

- 1) The case was filed on 09/21/2016.
- 2) The plan was confirmed on <u>NA</u>.
- 3) The plan was modified by order after confirmation pursuant to 11 U.S.C. \S 1329 on NA.
- 4) The trustee filed action to remedy default by the debtor in performance under the plan on \underline{NA} .
 - 5) The case was Dismissed on 12/05/2016.
 - 6) Number of months from filing to last payment: 0.
 - 7) Number of months case was pending: <u>13</u>.
 - 8) Total value of assets abandoned by court order: <u>NA</u>.
 - 9) Total value of assets exempted: NA.
 - 10) Amount of unsecured claims discharged without payment: \$0.00.
 - 11) All checks distributed by the trustee relating to this case have cleared the bank.

Receipts:

Total paid by or on behalf of the debtor \$0.00 Less amount refunded to debtor \$0.00

NET RECEIPTS: \$0.00

Expenses of Administration:

Attorney's Fees Paid Through the Plan

Court Costs

Trustee Expenses & Compensation

Other

\$0.00

\$0.00

TOTAL EXPENSES OF ADMINISTRATION:

\$0.00

Attorney fees paid and disclosed by debtor: \$399.00

Scheduled Creditors:						
Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Int. Paid
AT&T	Unsecured	400.00	NA	NA	0.00	0.00
City of Chicago-tickets	Unsecured	6,000.00	NA	NA	0.00	0.00
Comcast	Unsecured	300.00	NA	NA	0.00	0.00
Credit Collection Service	Unsecured	668.27	NA	NA	0.00	0.00
Illinois Department Of Healthcare And Fa	Unsecured	0.00	NA	NA	0.00	0.00
Illinois Department Of Healthcare And Fa	Priority	0.00	NA	NA	0.00	0.00
Luertta	Unsecured	600.00	NA	NA	0.00	0.00
Marvin Jones	Unsecured	550.00	NA	NA	0.00	0.00
Peoples Gas	Unsecured	450.00	NA	NA	0.00	0.00
Speedy Cash	Unsecured	469.00	NA	NA	0.00	0.00
TitleMax	Secured	1,119.00	NA	600.00	0.00	0.00
West Sububan Health Care	Unsecured	500.00	NA	NA	0.00	0.00

Summary of Disbursements to Creditors:		-	
	Claim	Principal	Interest
	Allowed	<u>Paid</u>	<u>Paid</u>
Secured Payments:			
Mortgage Ongoing	\$0.00	\$0.00	\$0.00
Mortgage Arrearage	\$0.00	\$0.00	\$0.00
Debt Secured by Vehicle	\$600.00	\$0.00	\$0.00
All Other Secured	\$0.00	\$0.00	\$0.00
TOTAL SECURED:	\$600.00	\$0.00	\$0.00
Priority Unsecured Payments:			
Domestic Support Arrearage	\$0.00	\$0.00	\$0.00
Domestic Support Ongoing	\$0.00	\$0.00	\$0.00
All Other Priority	\$0.00	\$0.00	\$0.00
TOTAL PRIORITY:	\$0.00	\$0.00	\$0.00
GENERAL UNSECURED PAYMENTS:	\$0.00	\$0.00	\$0.00

Disbursements:		
Expenses of Administration Disbursements to Creditors	\$0.00 \$0.00	
TOTAL DISBURSEMENTS :		<u>\$0.00</u>

12) The trustee certifies that, pursuant to Federal Rule of Bankruptcy Procedure 5009, the estate has been fully administered, the foregoing summary is true and complete, and all administrative matters for which the trustee is responsible have been completed. The trustee requests a final decree be entered that discharges the trustee and grants such other relief as may be just and proper.

Dated: 10/31/2017 By: /s/ Marilyn O. Marshall
Trustee

STATEMENT: This Unified Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.